

**FORM****D-2****REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES  
(CHECK APPROPRIATE BOXES) (PLEASE TYPE OR PRINT IN BLACK INK)**

- ☒ Quarterly Report:  
(check one) ☐ 1<sup>st</sup>, ☐ 2<sup>nd</sup>, ☒ 3<sup>rd</sup>, ☒ 4<sup>th</sup>
- ☐ Final Report
- ☐ Amendment of the Report Indicated Above

**FOR OFFICE USE ONLY****RECEIVED**

OCT 14 2021

State Board of Elections  
Springfield Office

3240412

COMMITTEE ID#

Full name and complete mailing address of Political Committee:

Reggie Freeman for Mayor  
324 43rd Avenue  
East Moline, IL 61244☐ CHECK IF ADDRESS CHANGE

e-mail address: rfreeman104@mchsi.com

**REPORTING PERIOD**

04-01-21 | 06-30-21

FROM THRU

**CASH AVAILABLE AT THE  
BEGINNING OF THE REPORTING  
PERIOD: \$ 59.63**

Repeat this amount in SECTION D line (A).

**ALL POLITICAL COMMITTEES RETURN TO:**STATE BOARD OF ELECTIONS  
2329 S MACARTHUR BLVD  
SPRINGFIELD, IL 62704-4503

OR

STATE BOARD OF ELECTIONS  
JAMES R. THOMPSON CENTER  
100 W RANDOLPH ST, STE 14-100  
CHICAGO, IL. 60601-3232**SECTION A – RECEIPTS****1. Individual Contributions**

a. Itemized (from Schedule A): \$ \_\_\_\_\_ (1a)

b. Not-Itemized:..... \$ \_\_\_\_\_ (1b)

**2. Transfers In**

a. Itemized (from Schedule A): \$ \_\_\_\_\_ (2a)

b. Not-Itemized:..... \$ \_\_\_\_\_ (2b)

**3. Loans Received**

a. Itemized (from Schedule A): \$ \_\_\_\_\_ (3a)

b. Not-Itemized:..... \$ \_\_\_\_\_ (3b)

**4. Other Receipts**

a. Itemized (from Schedule A): \$ \_\_\_\_\_ (4a)

b. Not-Itemized:..... \$ \_\_\_\_\_ (4b)

**TOTAL RECEIPTS (1a thru 4b) \$ \_\_\_\_\_**

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**5. In-Kind Contributions**

a. Itemized (from Schedule I): \$ \_\_\_\_\_ (5a)

b. Not-Itemized:..... \$ \_\_\_\_\_ (5b)

**TOTAL IN-KIND (5a+5b) \$ \_\_\_\_\_****Name & address of person submitting this report if other than the  
committee's chairman or treasurer:**

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**VERIFICATION**

I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

**SIGNATURE OF COMMITTEE'S TREASURER OR CANDIDATE ONLY**

THIS FORM MAY BE REPRODUCED

PAGE 1 of 2

**SECTION B – EXPENDITURES****6. Transfers Out**

a. Itemized (from Schedule B): \$ \_\_\_\_\_ (6a)

b. Not-Itemized:..... \$ \_\_\_\_\_ (6b)

**7. Loans made**

a. Itemized (from Schedule B): \$ \_\_\_\_\_ (7a)

b. Not-Itemized:..... \$ \_\_\_\_\_ (7b)

**8. Expenditures**

a. Itemized (from Schedule B): \$ 52.50 (8a)

b. Not-Itemized:..... \$ \_\_\_\_\_ (8b)

**9. Independent Expenditures**

a. Itemized (from Schedule B-9): \$ \_\_\_\_\_ (9a)

b. Not-Itemized:..... \$ \_\_\_\_\_ (9b)

**TOTAL EXPENDITURES (6a thru 9b) \$ 52.50****SECTION C - DEBTS AND OBLIGATIONS**

(Include previously reported unpaid debts)

10. a. Itemized (from Schedule C): \$ \_\_\_\_\_ (10a)

b. Not-Itemized:..... \$ \_\_\_\_\_ (10b)

**TOTAL DEBTS & OBLIGATIONS: \$ \_\_\_\_\_****SECTION D - CASH BALANCE**

Cash available at the beginning of the

the reporting period: \$ 59.63 (A)

**Total Receipts from Section A: \$ 0 (B)**

Total Cash (A) plus (B): \$ 59.63 (C)

**Total Expenditures from Section B: \$ 52.50 (D)**

Funds available at the close of the

reporting period (C) minus (D): \$ 7.13 (E)

**INVESTMENTS TOTAL: \$ \_\_\_\_\_ (F)**

10-11-21

DATE

REVISED 5/1/15

NAME OF POLITICAL COMMITTEE:

REPORTING PERIOD

FOR OFFICE USE ONLY

07-01-21

09-30-21

FROM

THRU

# **SCHEDULE B** **EXPENDITURES**

CHECK THE PART OF FORM D-2 BEING ITEMIZED:

☐PART #6 TRANSFERS OUTEXPENDITURES TO POLITICAL  
COMMITTEES - INCLUDING TICKET &  
RAFFLE PURCHASES☐PART #7 LOANS MADE☒PART #8 EXPENDITURES

POLITICAL COMMITTEE

IDENTIFICATION No.

3240412

**SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.**

ITEMIZED EXPENDITURES FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE OF EXPENDITURE	PURPOSE	BENEFICIARY	AMOUNT OF EACH EXPENDITURE THIS REPORTING PERIOD	AGGREGATE AMOUNT THIS REPORTING PERIOD
First Midwest Bank P.O. Box 580 Joliet, IL 60434	07-01-21 Thru 09-30-21	3 Month Monthly Maintenance Fees	First Midwest	17.50 17.50 17.50	52.50

USE SEPARATE SCHEDULE B FOR EACH PARTS 6, 7, &amp; 8

TOTAL THIS PERIOD \$ 52.50